

C.L. "BUTCH" OTTER
Governor
MIKE GWARTNEY
Director

State of Idaho

Department of Administration Division of Insurance and Internal Support Office of Group Insurance

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STATE OF IDAHO COBRA Monthly Premium Rates Effective 7/1/2008 through 6/30/2009

BLUE CROSS* (You may only choose a continuation of the			High
plan in effect on the date your active employee plan coverage			Deductible
<u>ends)</u>	PPO Plan	Traditional Plan	<u>Plan</u>
Subscriber	\$ 402.00	\$ 428.00	\$ 340.00
Subscriber and Spouse	\$ 804.00	\$ 856.00	\$ 679.00
Subscriber and Child	\$ 563.00	\$ 599.00	\$ 476.00
Subscriber and Children	\$ 804.00	\$ 856.00	\$ 679.00
Subscriber, Spouse and Child	\$ 965.00	\$1,027.00	\$ 815.00
Subscriber, Spouse and Children	\$1,206.00	\$1,283.00	\$1,019.00

DELTA DENTAL*

Subscriber	\$27.00
Subscriber and Spouse	\$53.00
Subscriber and Child	\$37.00
Subscriber and Children	\$53.00
Subscriber, Spouse and Child	\$64.00
Subscriber, Spouse and Children	\$80.00

PAYMENT OF PREMIUM

You will be billed by your insurance carrier for the monthly premiums.

*Note: If you are eligible for the 29 month continuation of coverage you will be charged 150% of group rates for months 19 through 29 and will be advised of such rates by your insurance carrier.